

FORM PCT 1390
REV. 5/93

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

ATTORNEY'S DOCKET NO.

SCHULTE ET AL-3 PCT

TRANSMITTAL LETTER TO THE UNITED STATES
DESIGNATED/ELECTED OFFICE (DO/EO/US)
CONCERNING A FILING UNDER 35 U.S.C. 371

U.S. APPLICATION NO. (if known, see 37 CFR 1.5)

10/582733

INTERNATIONAL APPLICATION NO.
PCT/DE2004/002729INTERNATIONAL FILING DATE
13 DECEMBER 2004PRIORITY DATE CLAIMED
13 DECEMBER 2003

TITLE OF INVENTION

FUSE INSERT HAVING A FLAT INSULATING BODY

APPLICANT(S) FOR DO/EO/US

Henning SCHULTE ET AL

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

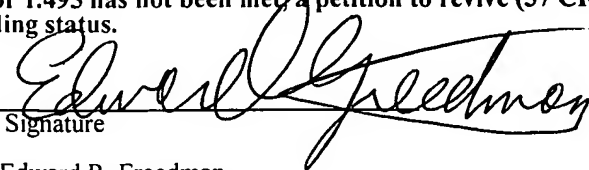
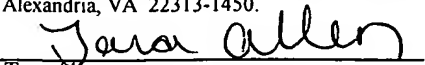
1. ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. ☒ This is an express request to begin national examination procedures (35 U.S.C. 371 (f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(l).
4. ☒ A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.
5. ☒ A copy of the International Application as filed (35 U.S.C. 371(c)(2))
 - a. ☒ is transmitted herewith (required only if not transmitted by the International Bureau)
 - b. ☐ has been transmitted by the International Bureau.
 - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
6. ☒ A translation of the International Application into English (35 U.S.C. 371(c)(2)).
7. ☐ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).
 - a. ☐ are transmitted herewith (required only if not transmitted by the International Bureau).
 - b. ☐ have been transmitted by the International Bureau.
 - c. ☐ have not been made; however, the time limit for making such amendments has **NOT** expired.
 - d. ☐ have not been made and will not be made.
8. ☐ A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. ☐ An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
10. ☐ A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

Items 11. to 16. below concern other document(s) or information included:

11. ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
12. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13. ☒ A **FIRST** preliminary amendment.
☐ A **SECOND** or **SUBSEQUENT** preliminary amendment.
14. ☐ A substitute specification.
15. ☐ A change of power of attorney and/or address letter.
16. ☒ Other items or information:

* 3 sheets of drawings
International Search Report

AP20 Rec'd PCT/PTO 13 JUN 2006

APPLICATION NO. (if known, see 37 CFR 1.5) 10/582733				INTERNATIONAL APPLICATION NO. PCT/DE2004/002729	ATTORNEY'S DOCKET NO. SCHULTE ET AL-3 PCT
<input checked="" type="checkbox"/> The following fees are submitted: Basic National Fee (37 CFR 1.492(a)(1)-(5)): Search Report has been prepared by the EPO or JPO.....\$300.00 National Stage Search Fee.....\$500.00 National Stage Examination Fee.....\$200.00 International preliminary examination fee paid to USPTO (37 CFR 1.482).....\$750.00 Neither international preliminary examination fee paid (37 CFR 1.82) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO.....\$1,110.00 International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4).....\$100.00 ENTER APPROPRIATE BASIC FEE AMOUNT =				CALCULATIONS	PTO USE ONLY
				\$ 1,000.00	
Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing in an electronic medium). The fee is \$250.00 for each additional 50 sheets of paper or fraction thereof.					
TOTAL SHEETS	EXTRA SHEETS	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
- 100 =	/50 =		x \$250.00	\$	
Surcharge of \$130.00 for furnishing the oath or declaration later than ____ 20 ____ 30 months from the earliest claimed priority date (37 CFR 1.492(e)).					
Claims	Number Filed	Number Extra	Rate		
Total Claims	10 - 20 =	- 0 -	X \$50.00	\$	
Independent Claims	1 - 3 =	- 0 -	X \$200.00	\$	
Multiple dependent claim(s) (if applicable)			+ \$360.00	\$	
TOTAL OF ABOVE CALCULATIONS =				\$ 1,000.00	
Reduction by 1/2 for Small Entity status.				\$ 500.00	
SUBTOTAL =				\$ 500.00	
Processing fee of \$130.00 for furnishing the English translation later than ____ 20 ____ 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$	
TOTAL NATIONAL FEE =				\$ 500.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +					
TOTAL FEES ENCLOSED =				\$ 500.00	
				Amount to be: refunded	\$
				charged	\$
<input checked="" type="checkbox"/> Applicant claims Small Entity status. a. <input checked="" type="checkbox"/> A check in the amount of \$ 500.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. 03-2468 in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 03-2468. A duplicate copy of this sheet is enclosed. NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. SEND ALL CORRESPONDENCE TO: COLLARD & ROE, P.C. (Customer No. 25889) 1077 Northern Boulevard Roslyn, New York 11576-1696 (516) 365-9802 Express Mail No. <u>EV 808 536 088 US</u> Date of Deposit <u>June 13, 2006</u> I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, on the date indicated above, and is addressed to Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Signature Edward R. Freedman Reg. No. 26,048  Tara Allen					

BEST AVAILABLE COPY

**EXPRESS
MAIL**

POSTAL SERVICE®

www.usps.com

AFFIX POSTAGE OR
CORPORATE ACCOUNT
LABEL HERE.

GENT

Please Rush To Addressee

10/582733



EV80853608AUS



0-222-1

Addressing Label
Label 11-F, April 2004



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee \$	
Mo. Day Year	Month Day	COD Fee \$ Insurance Fee \$	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Total Postage & Fees \$	
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials	
lbs. ozs.	Int'l Alpha Country Code		

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. Delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.			
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
Customer Signature			

FROM: (PLEASE PRINT) PHONE 516 463 9807
CULLEN & ROSE INC
2077 JONATHAN BLVD STE 1
PASENY
SCHILLER RD 4PT 12501
SARASOTA FL 34237
Sender of FA 516 463 9807

TO: (PLEASE PRINT) PHONE
720 444 4444
720 444 4444
720 444 4444

FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811



move



4. DROP OFF/PICK UP

Call 1-800-222-1811 for our convenient pick-up service (One low fee no matter how many pieces) or drop off your Express Mail package at a post office, or an Express Mail box.

BEST AVAILABLE COPY